



Filing a 61A, Certificate of Workers' Compensation Insurance

Pursuant to § 58.1-3714, the governing body of each county, city or town must require every contractor to provide written certification at the time of any application for issuance or reissuance of a business license that such contractor is in compliance with workers' compensation requirements and will remain in compliance during the effective period of the business license.

1. Go to the 61A Form website at:

webfile.workcomp.virginia.gov/public-webforms/form61a
2. Review the important message screen.
3. Click the "Next" button to continue to the "Owner/Contractor's Information" section.

IMPORTANT



You will need your policy information/declaration page to complete this form.

If this is not available to you, you will need to contact your agent/broker to obtain your policy number as it was filed with NCCI, the five-digit NCCI carrier code assigned to the insurance carrier you are insured with and the effective and expiration date of your policy.

4. Complete the blank fields and make sure all required fields (marked with an *) are complete.
5. Click the “Next” button to continue to the “Business’s Information” section.

The screenshot shows the 'Form 61A - Certificate of Workers' Compensation Insurance' interface. At the top, a progress bar indicates six steps: 1. Important Message, 2. Owner/Contractor's Information (current step), 3. Business's Information, 4. Insurance's Information, 5. Signature, and 6. Confirmation. The main heading is 'Owner/Contractor's Information'. Below it, the instruction reads: 'Enter the Name of the Business Owner/Contractor certifying compliance with Section 55.1-5714'. The form includes fields for 'First Name *' and 'Last Name *'. Below these is the instruction 'Enter the Home Mailing Address of the Business Owner/Contractor' and an unchecked checkbox for 'Override Address Validation'. The address fields are 'Address line 1 *', 'Address line 2', 'City *', 'State *' (a dropdown menu), and 'Zip *'. Below the address fields is the instruction 'Enter the Contact Telephone Number of the Business Owner/Contractor' and a 'Phone *' field. At the bottom left are 'Back' and 'Next' buttons.

6. Complete the blank fields and make sure all required fields (marked with an *) are complete.
7. Click the “Next” button to continue to the “Insurance’s Information” section.

The screenshot shows the 'Form 61A - Certificate of Workers' Compensation Insurance' interface. The progress bar at the top shows six steps: 1. Important Message, 2. Owner/Contractor's Information, 3. Business's Information (current step), 4. Insurance's Information, 5. Signature, and 6. Confirmation. The main heading is 'Business's Information'. Below it, the instruction reads: 'Select your business entity type'. The form includes a 'Business Type *' dropdown menu, followed by 'Type of Trade or Industry' and a 'Trade Type' dropdown menu. Below these is the instruction 'Is the business address different from the address of the Business Owner/Contractor? *' with radio button options for 'Yes' and 'No'. The next section is 'Enter the Telephone Number of the business address' with a 'Phone *' field. Below that is 'Enter your email address' with an 'Email *' field. The final section is 'What is the Business Federal Employer ID (FEIN) or Tax ID Number of the business?' with a 'FEIN / Tax ID *' field. At the bottom left are 'Back' and 'Next' buttons.

8. Select “Yes” or “No” to whether your business is insured for workers’ compensation and make sure all required questions (marked with an *) are complete.

The screenshot shows the 'Form 61A - Certificate of Workers' Compensation Insurance' at step 4, 'Insurance's Information'. The progress bar at the top indicates steps 1 through 6, with step 4 currently active. The main heading is 'Insurance's Information'. The first question is 'Is this business insured for workers' compensation? *', with 'Yes' selected. The second question is 'How did you obtain your insurance? *', with 'Through an Insurance Carrier licensed in Virginia' selected. Below this, there are four radio button options: 'Became a client of a Professional Employer Organization (PEO) registered in Virginia', 'Became a Member of a Group Self Insurance Association (GSIA)', and 'Was issued a certificate of authorization to be self-insured by the Virginia Workers' Compensation Commission'. At the bottom, there are 'Back' and 'Next' buttons.

Note: If your business has workers’ compensation insurance, as you type the Carrier Code into the application, the Insurance Carrier name and Carrier number will appear in a list. Selecting your Insurance Carrier from the list will populate your Insurance Carrier’s name in the Insurance Carrier field. If the Insurance Carrier list does not appear in the list, please confirm your Carrier Code.

This screenshot shows the same 'Form 61A - Certificate of Workers' Compensation Insurance' at step 4, 'Insurance's Information'. The 'Carrier Code' field is now populated with '129'. Below it, a dropdown menu shows 'MID CENTURY INS CO' and '12998'. The 'Policy Number' field is empty. The 'Effective Date' and 'Expiration Date' fields are also empty, each with a calendar icon to its right. The 'Back' and 'Next' buttons are at the bottom.

Note: The Insurance Policy number should **not** include any special characters (i.e., -, *, &, ...) even if they appear on your policy DEC page. The exception is all GSIA (Group Self Insured Agency) policies—they **must** include the dash.

Enter the policy number listed on your declaration page of your policy, excluding spaces and dashes (example PWJK123478901)

Policy Number *

Required Field

9. Click the “Next” button to continue to the “Signature” section.
10. Check box to certify signatures.
11. Enter your signature in the blank field.
12. Click the “Submit Form” button.

Form 61A - Certificate of Workers' Compensation Insurance

Important Message Owner/Contractor's Information Business's Information Insurance's Information **Signature** Confirmation

Signature

Under penalty of perjury, the undersigned certifies s/he is duly authorized by the business license applicant to execute this certificate; the information provided herein is correct; and the business is in compliance with Chapter 8 of Title 65.2 of the Virginia Workers' Compensation Act and will remain in compliance with the law during the effective period of the business license.

Signature of Applicant

Signature of Applicant

Back Submit Form

13. Review the confirmation message.

Form 61A - Certificate of Workers' Compensation Insurance

Important Message Owner/Contractor's Information Business's Information Insurance's Information Signature **Confirmation**

Confirmation

Thank you for submitting Form 61A online. Please click the 'Download Certificate' button below to view or save the Form 61A submission acknowledgement. Click 'Close' to return to the Form 61A home page.

The Virginia Workers' Compensation Commission will NOT send this certificate, you MUST download print and/or email this certificate to yourself for your proof of submission. Bring it with you to the Commissioner of Revenue's office when applying for your business license.

Download Certificate

Note: Upon submission, you **must** select the “Download Certificate” button. The Virginia Workers’ Compensation Commission will not send this.

IMPORTANT



Google Chrome Users—if your certificate **does not** appear, please check the bottom of your browser screen. The PDF may have downloaded and you **must** select the box at the bottom of your screen to open the PDF, and then save it appropriately.